

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: AHARI CABINET Co.
BUSINESS STREET ADDRESS: 14721 Sw 21 st Davie Fl. ZIP 33325
BUSINESS MAILING ADDRESS: 14721 Sw 21 st Davie FL ZIP 33325
BUSINESS PHONE: (305) 796-5242

DESCRIBE TYPE OF BUSINESS: CABINET installation

BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership (office only)

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Hamid Ahar</u>	<u>14721 Sw 21 st</u>	<u>DAVIE FL</u>	<u>(954) 722-7473</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 01, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Hamid Ahar</u> Print Owner or Officers Name and Title	<u>M. Ahar</u> Signature of Owner or Officer
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Office Use Only: Date <u>8/27/01</u> Category <u>05800</u> Fee Exempt per Sec. 13-13 _____ Fee <u>82.68</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>0115655</u>	Control # <u>13122</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Jat</u> Date <u>10/4/01</u>
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION